Date Received				
Amt	Ck. No			

(Office Use Only)

## 2022 APPLICATION FOR APIARY LICENSE

## STATE OF MAINE DEPARTMENT OF AGRICULTURE, CONSERVATION AND FORESTRY

Division of Animal and Plant Health 28 State House Station Augusta, Maine 04333

Name:

Phone:

Mailing Address:		County:				
City/State/Zip:			Email:			
Are you interested in being called to collect swarms in your area for the 2023 season? (Yes) or (No)  Is this a renewal or a new registration? (Renewal) or (New)  In accordance with Title 7, MRSA, Section 2701, I hereby report ownership of the following honey bee colonies in						
No. of Colonies	County (if different from above)	City or Town (if different from above)	Address (if different from above)	Name of Property Owner (if different from above)		
The fee so payable to Fee Enclos	: "Treasurer, State of	e back of this page, <u>th</u> of Maine", and return	ne minimum registration is \$10.00 with form to the above address.  of Applicant	·		
No. of hiv Total pour	onies owned in 2021 es lost over winter_ nds of honey extract	Reporting for 2021 -  ded l of honey	(Supplying this information is volumed to the color of th	ed f beeswax ation		

## FEE SCHEDULE

Number of Colonies	License Fee
1 - 10	\$10.00
11 - 30	20.00
31 - 70	30.00
71 - 100	40.00
101 - 200	55.00
201 - 300	75.00
301 - 400	90.00
401 - 500	105.00
501 - 600	120.00
601 - 700	135.00
701 - 800	150.00
801 - 900	165.00
901 - 1000	180.00
1001 - 1500	215.00
1501 - 2000	250.00
2001 - 3000	365.00
3001 - 4000	470.00
4001 - 5000	500.00
5001 - 6000	520.00
6001 - 7000	540.00
7001+	550.00